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Signed: Kimberly Melvin
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/608,789 Confirmation No.: 2311
Applicant : TENEREILLO, Peter et al.
Filed : June 30, 2000
TC/A.U. : 2157
Examiner : BURGESS, Barbara N.

Docket No. : CISC662
Customer No. : 26541
Title : SERVER LOAD BALANCING METHOD AND
SYSTEM

Commissioner for Patents
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AMENDMENT A

Sir:

In response to the Office Action of October 27, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

04/05/2004 CCHAU1 00000081 09608789

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PTO/SB/21 (08-03)

Approved for use through 8/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/608,789	
	Filing Date	June 30, 2000	
	First Named Inventor	TENEREILLO, Peter et al.	
	Group Art Unit	2157	
	Examiner Name	BURGESS, Barbara N	
Total Number of Pages in This Submission		Attorney Docket Number	CISCP662

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<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652.
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	RITTER, LANG & KAPLAN LLP Cindy S. Kaplan, Reg. No. 40,043	
Signature		
Date	March 29, 2004	

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